

APPLICATION NUMBER	FILING/RECE	IPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
09/251,403	02/17/99	NIIKAW	A	M 013227-049
			**	;
		023	2/0322	
PLATON N MAND	ROS			NOT ASSIGNED
BURNS DOANE S	WECKER & N	MATHIS		
PO BOX 1404		3.4		2712
ALEXANDRIA VA	. 220107144	14	DATE MAI	
				03/22 /99
•.	NOTICE TO E	II E MISSIN	G PARTS OF APPLICATIO	N
	NOTICE TO I		ate Granted	
R 1:136(a). If any of items small entity in compliance s NOTICE to avoid abando	1 or 3 through 5 are with 37 CFR 1.2 onment.	re indicated a: 7, or 🎾 \$130	e missing, the SURCHARGE se	extension fee under the provisions of the forth in 37 CFR 1.16(e) of □ \$65.0 of also be timely submitted in replaced by applicant as a
required items on this to nall entity (statement filed	d) 🗹 non-small (entity is \$	111)	
. The statutory basic filing		/	20.40	
☐ missing. ☐ insufficient.				
Applicant must submit \$.		to com	plete the basic filing fee and/or	file a small entity statement
claiming such status (37 . The following additional	<i>'CFR 1.27).</i> claims fees are d⊦	ue:		
	t		ver 20.	
\$ for				
-	nultiple depender	· · · · · · · · · · · · · · · · · · ·		
Appligant must either s	ubmit the addition	nal claim fees	or cancel additional claims for t	which fees are due.
. The oath or declaration:	; 			
is missing or unsigned does not cover the n	ewly submitted its	ems.		
An oath or declaration in	compliance with	37 CFR 1. 63	3, including residence information	on and identifying the application
the above Application No. The signature(s) to the o	oath or declaration	n is/are by a p	erson other than inventor or pe	rson qualified under 37 CFR 1.42
1.43 or 1.47			th 37 CFR 1.63, identifying the	
A property signed oath C Application Number and	i Filing Date, is re	quired.	11 37 Of 11 1.00, Identifying the C	application by the above
			from the oath or declaration:	
				and almost be the emitted as
An oath or declaration in	n compliance with	1 37 CFR 1.63 the above An	listing the names of all invento plication Number and Filing Da	rs and signed by the omitted te, is required.
A \$50.00 processing fe	e is required sin	ce your chec	k was returned without paym	ent (37 CFR 1.21(m)).
'. Your filing receipt was m	ailed in error beca	ause your che	ck was returned without payme	ont.
 The application was filed Applicant must file a ver previously submitted, a 	rified English trans	slation of the	sh. application, the \$130.00 set fort tion is accurate (37 CFR 1.52(d	th in 37 CFR 1.17(k), unless
O. OTHER:		-		
ct the reply and any questi	ons about this no	rice to "Attent	ion: Box Missing Parts."	
/ //		\	ST he returned with th	e reniv

FORM PTO-1533 (REV. 9/98)

Customer Service Center Initial Patient Examination Division (703) 308-1202